



Hewlett Packard
Enterprise

TAKE CARE OF

What Matters



2022 RETIREE BENEFITS ANNUAL ENROLLMENT GUIDE | **ENROLL OCTOBER 4-26**

TAKE CARE OF *What Matters*

Annual enrollment for Hewlett Packard Enterprise (HPE) retiree health benefits is October 4–26, 2021. Get ready to enroll by learning what’s changing for 2022. Start by reviewing page 1 of this guide. Then go to the Medicare eligibility section that applies to you and see the medical benefit changes for 2022.

Start here

Things to know before you enroll1

If you and your covered family members are:

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| ■ Not yet Medicare-eligible..... | 2–5 |
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Details and who to contact

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| ■ Good to know..... | 14–21 |
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Retiree perks you’ll love

See all the great retiree benefits available. Visit the Benefits Toolkit at ah-prod.com/hpebennav to learn about merchandise discounts, virtual healthcare, and more.

Visit the Benefits Toolkit

As a reminder, you can view this guide online by visiting the Benefits Toolkit at ah-prod.com/hpebennav.

Got questions?

Chat: Visit MyHPERewards.com and select **HPE Benefits Center**

Call: HPE Benefits Center, 1-844-537-5304, 8 a.m.–8 p.m. CT, Monday–Friday

Things to know before you enroll

- **Retiree medical benefit changes for 2022.** We're streamlining retiree medical plans, offering concierge-style support for non-Medicare retirees, and changing plan options for Medicare-eligible retirees and family members. Go to the Medicare eligibility section that applies to you and see what's changing for 2022.
- **Review your Confirmation of Coverage.** If you're in an HPE medical plan, the enclosed Confirmation of Coverage shows your benefits coverage and costs for 2022. You can change this coverage during annual enrollment.
- **Consider other medical plans.** As an alternative to an HPE medical plan, you can enroll through the Aon Retiree Health Exchange (if Medicare-eligible) or a public health exchange (if not Medicare-eligible). When to enroll depends on the coverage you choose. If your spouse/domestic partner has employer coverage, consider whether that employer plan makes sense for you.

| Coverage | When | Where |
|-----------------------------|----------------|---|
| HPE medical plan | Oct 4 – Oct 26 | MyHPERewards.com |
| Aon Retiree Health Exchange | Oct 15 – Dec 7 | retiree.aon.com/hewlettpackardenterprise |
| Public health exchanges | Nov 1 – Dec 15 | healthcare.gov |

- **Changing your medical plan?** Contact the plan you're considering and check whether your prescriptions and doctors are covered. See page 25 for contact information.
- **Medical plan ID cards:** Most retirees enrolled in an HPE medical plan in 2022 will get a new ID card. You'll get your new card by mail before January 1, 2022.
- **If you enroll in or change your HPE medical plan:**
 - Benefits Legal Notices will be provided when you enroll. You'll be asked to acknowledge receipt of this document.
 - Confirm your 2022 benefit elections immediately after you enroll. Select **My Benefits** on the top menu bar, then click **New Elections**.
 - A Confirmation of Coverage will be mailed to you in early December. If you need to correct your elections, notify the HPE Benefits Center before December 31, 2021.

Access legal documents

Health plans are required to provide benefit information in a standardized format known as a Summary of Benefits and Coverage (SBC). You can use SBCs to compare health plan options. SBCs, legal notices, and Summary Plan Descriptions are available in the Benefits Toolkit at ah-prod.com/hpebennav. To request copies, free of charge, call the HPE Benefits Center at 1-844-537-5304.

TAKE A LOOK

Find options



Not yet Medicare-eligible

If you and all your covered family members are not yet eligible for Medicare, you can enroll in an HPE medical plan or through the public health exchanges. See page 5 to learn about the public health exchanges.

RETIREE BENEFIT CHANGES FOR 2022

We made it easier to find the best plan for you by streamlining retiree medical plans. The changes below apply to plans for non-Medicare-eligible retirees.

In most parts of the country, you'll choose from three distinct options:

- MyBind Health: an innovative new plan option (see details on page 4)
- High Deductible Health Plan with a Health Savings Account (HDHP + HSA) \$2000 (see details below)
- Preferred Provider Organization (PPO) \$750

Depending on where you live, a local HMO plan with Kaiser, Harvard Pilgrim, HMSA, or Tufts might be available.

Due to low enrollment and to help streamline plans, we'll no longer offer Memorial Hermann, NexusACO, CMP, or EPO plans.

Starting January 1, 2022, Anthem will be the sole medical carrier for the PPO and HDHP + HSA.

These plans will no longer be available through UnitedHealthcare (UHC). If you currently have one of these plans through UHC:

- Your carrier will be Anthem starting January 1, 2022 (unless you choose a different plan at annual enrollment).
- You'll need to use providers (doctors, hospitals, etc.) in the Anthem network for in-network benefits. The Anthem network includes many of the providers that are in the network for our current UHC plans. Visit [anthem.com/ca](https://www.anthem.com/ca) to look up your providers.
- If your doctor is not in the Anthem network and you're partway through a treatment, transition of care might be available so you can keep seeing your current doctor for a limited time.

Keep in mind that the new MyBind Health plan (see details on page 4) uses doctors and hospitals in the UHC Choice Plus network (the same network that our current UnitedHealthcare plans use today)—it could be a solution if your doctor isn't in the Anthem network.

We're consolidating our two High Deductible Health Plans into one plan.

- The new HDHP + HSA \$2000 will replace the HDHP + HSA \$1400 and HDHP + HSA \$2400.
- The in-network annual deductible of the new HDHP + HSA \$2000 is:
 - \$2000 if you cover yourself only (individual coverage).
 - \$4000 if you cover yourself and your family (family coverage).

PPO = Preferred Provider Organization. HDHP + HSA = High Deductible Health Plan with a Health Savings Account.

Questions? See "Contacts" on page 23.

- If you enroll in the new HDHP + HSA plan with family coverage:
 - You don't need to pay the entire \$4000 family deductible for the plan to start paying benefits.
 - When one person's out-of-pocket expenses add up to \$2800, the plan starts paying benefits for that person. And the \$2800 counts toward the family deductible.

New MyBind Health plan

We're introducing a new medical plan called MyBind Health. This plan makes it easy to get care throughout the year using doctors and hospitals in the UHC Choice Plus network (the same network that our current UHC plans use today). With MyBind Health, there are no surprises—services are charged based on copays with no deductible, so you'll know the amount you'll be charged up front before you get care. For more information, go to the Benefits Toolkit at ah-prod.com/hpebennav and see the Medical Plan Summary or watch the MyBind Health video. Or visit choosebind.com/hpe (access code: HPE2022).

Year-round support from a dedicated Personal Care Team

We know navigating the healthcare system can be time-consuming and frustrating. That's why non-Medicare-eligible retirees can get support from a dedicated Personal Care Team through our partners at Grand Rounds Health.

Need to find a personal physician or network specialist, have a question about a medical treatment, think you were overcharged for a service and want to dispute a bill? Your dedicated Personal Care Team can help you with these and other matters—saving you time so you can take care of yourself and your family. You can use this service at no cost to you based on the HPE medical plan you enroll in. To learn more, go to the Benefits Toolkit at ah-prod.com/hpebennav and watch the Personal Care Team webinar.

Your costs and what's covered

Your 2022 premiums reflect ongoing cost increases. You can reduce your costs by comparing medical plans and choosing the most cost-effective option that meets your needs.

For coverage details and to see side-by-side plan comparisons, visit MyHPERewards.com (select **Enroll Now** and look for **View all plans side-by-side**). Be sure to consider the public health exchanges, too.

Tools to compare your options

Go to MyHPERewards.com beginning October 4 and select **Enroll Now**.

- Click **View all plans side-by-side** when enrolling to compare cost, deductibles, copays, and more.
- Search for providers and confirm the doctors you use are in the network for the medical plan you're considering.

New medical plan or network next year?

Get help during annual enrollment! Your Personal Care Team will be available by phone to help you understand your HPE medical plan options and find a network doctor. Contact them at 1-855-429-7357.

Enroll October 4–26

To choose HPE medical coverage for 2022 for yourself and any eligible family members:

- Visit MyHPERewards.com.
- Log on using your user ID and password.
- Select **Enroll Now**.

PUBLIC HEALTH EXCHANGES

As an alternative to enrolling in an HPE medical plan, you may want to consider the insurance options available through the public health exchanges.

- These exchanges allow people who are not yet eligible for Medicare to comparison shop and buy individual medical coverage from a variety of insurers.
- Premiums are based on the covered person's age and coverage option selected.
- Depending on your family income, you may qualify for government premium subsidies that can lower your cost of coverage.
- Even if you enroll yourself in an HPE medical plan, you could enroll family members in coverage through the exchanges.

Learn more

- Visit healthcare.gov.
- See what's available and use tools to compare your options without committing to enroll.

Enroll November 1 – December 15

To choose coverage through a public health exchange for 2022, visit healthcare.gov.

If you have HPE medical coverage through COBRA . . .

You can continue COBRA coverage for up to 18 months after you retire from HPE. After 18 months, you can continue HPE medical coverage, but you'll pay the full cost of the premium. Visit MyHPERewards.com for more information.

Take note!

If you decide to enroll in a plan through a public health exchange:

- Call the HPE Benefits Center to discontinue coverage under HPE medical for 2022. You can discontinue HPE medical after the annual enrollment deadline but no later than December 31.
- You can reenroll in an HPE retiree medical plan in the future. See "Medical enrollment rules" on page 19.

Questions? See "Contacts" on page 23.

TAKE CARE

Compare options



Medicare-eligible

If you and all your covered family members are eligible for Medicare, you can enroll in an HPE medical plan or through the Aon Retiree Health Exchange (see page 8 to learn more).

RETIREE BENEFIT CHANGES FOR 2022

We made it easier to find the best plan for you by streamlining our retiree medical plans. The changes below apply to plans for Medicare-eligible retirees. Starting January 1, 2022:

- The Medicare Advantage PPO will no longer be available.
- Anthem will be the sole medical carrier for the Medicare Supplement \$500 Plan A and Medicare Supplement \$1200. These plans will no longer be available through UnitedHealthcare (UHC).
- If you're currently enrolled in the Medicare Supplement \$500 Plan A or Medicare Supplement \$1200 through UHC, your carrier will be Anthem starting January 1, 2022 (unless you choose a different plan at annual enrollment). You can continue to see any provider that accepts Medicare.

Just like last year, you can choose a Medicare HMO plan with Kaiser, Harvard Pilgrim, or a Tufts plan (if available in your area).

Your costs and what's covered

Your 2022 premiums reflect ongoing cost increases. You can reduce your costs by comparing medical plans and choosing the most cost-effective option that meets your needs.

For coverage details and to see side-by-side plan comparisons, visit MyHPERewards.com (select **Enroll Now** and look for **View all plans side-by-side**). Be sure to consider the Aon Retiree Health Exchange, too.

Take note!

If you enroll in an HPE-sponsored Medicare HMO option for the first time, you'll need to complete and return required Medicare-related enrollment forms by the deadline noted on the form to ensure coverage is in place for January 1. See page 16 for more information. You'll receive forms in the mail from the carrier you selected shortly after the enrollment period ends.

PPO = Preferred Provider Organization. HMO = Health Maintenance Organization.

Questions? See "Contacts" on page 23.

Tools to compare your options

Go to MyHPERewards.com beginning October 4 and select **Enroll Now**.

- Click **View all plans side-by-side** when enrolling to compare cost, deductibles, copays, and more.
- Search for providers and confirm the doctors you use are in the network for the medical plan you're considering.

Enroll October 4–26

To choose HPE medical coverage for 2022 for yourself and any eligible family members:

- Visit MyHPERewards.com.
- Log on using your user ID and password.
- Select **Enroll Now**.

AON RETIREE HEALTH EXCHANGE

HPE partners with the Aon Retiree Health Exchange to give our Medicare-eligible retirees access to a range of medical plans offered through the individual insurance market.

- It's a private exchange that works with retirees to explore available coverage options and prices.
- The Aon Retiree Health Exchange offers the same types of medical coverage that HPE offers— Medicare Supplement (MediGap) and Medicare Part D Prescription Drug Plans.
- More than 100 insurance companies participate in the marketplace, including companies like Aetna, Anthem BlueCross BlueShield, Cigna, Empire, Humana, and UnitedHealthcare.
- The Aon Retiree Health Exchange helps you every step of the way to make the right choice and enroll—at no added cost to you.

Four reasons to consider the Aon Retiree Health Exchange

1 Greater choice

Due to the large number of healthcare insurers in the individual market, you may be able to choose the specific coverage level and premium that suit your situation.

2 Potential to pay less for equal or better coverage

Due to competition among insurers, you may find an even better value among your coverage options.

3 Flexibility

Unlike group coverage, individual insurance options allow you to select a different plan for yourself and your eligible dependents to accommodate each individual's healthcare and financial needs.

4 Support

Using the exchange makes it easy! You get personalized, professional help to compare choices and enroll, at no added cost to you.

Learn more

- Call the Aon Retiree Health Exchange at 1-844-537-5303.
- A licensed Benefits Advisor* can help you compare your HPE and individual medical insurance options, so you can make an informed decision about your coverage.
- The first time you call, a Benefit Support Specialist will ask you questions to assess your needs and then give you an overview of the Medicare insurance marketplace.
- If you want more information, you can set up an appointment to speak with a licensed Benefits Advisor,* who can make recommendations based on your needs, preferences, and budget.

If you decide to enroll in an individual insurance plan through the Aon Retiree Health Exchange, you'll get help completing your application and filling out any required forms.

Enroll October 15 – December 7

To choose coverage through the Aon Retiree Health Exchange for 2022:

- Call the Aon Retiree Health Exchange at 1-844-537-5303 or go to retiree.aon.com/hewlettpackardenterprise.

**Benefits Advisors are certified, licensed insurance agents.*

Take note!

If you decide to enroll in a plan through the Aon Retiree Health Exchange for 2022:

- Call the HPE Benefits Center to discontinue your coverage under HPE medical for 2022.
- You'll need to complete and submit an application for the new coverage by December 7 to ensure coverage by January 1. If you miss that deadline, your coverage may not start until February 1. If that happens, you can extend your HPE coverage to fill the gap.
- You can reenroll in an HPE retiree medical plan in the future. See "Medical enrollment rules" on page 19.

Questions? See "Contacts" on page 23.

TAKE TIME

Explore options



Mixed Medicare-eligible family

If some of your family members are Medicare-eligible and others are not, you're considered a mixed Medicare-eligible family. See below to learn about plan changes. For 2022, you can enroll in one of these plan combinations:

| Non-Medicare-eligible retirees and family members | Medicare-eligible retirees and family members |
|---|---|
| HDHP + HSA \$2000 | Medicare Supplement \$1200 |
| PPO \$750 | Medicare Supplement \$500 Plan A |
| HMO with Kaiser, Harvard Pilgrim, or Tufts (if available) | Medicare version of HMO |

You should also consider coverage through the Aon Retiree Health Exchange (see page 8) if you're Medicare-eligible, along with coverage through a public health exchange (see page 13) for non-Medicare-eligible family members.

Medicare-eligible plan changes

We made it easier to find the best plan for you by streamlining our retiree medical plans. Starting January 1, 2022:

- The Medicare Advantage PPO and the Medicare Supplement \$500 Plan B will no longer be available.
- Anthem will be the sole medical carrier for the Medicare Supplement \$500 Plan A and Medicare Supplement \$1200. These plans will no longer be available through UnitedHealthcare (UHC).
- If you're currently enrolled in the Medicare Supplement \$500 Plan A or Medicare Supplement \$1200 through UHC, your carrier will be Anthem starting January 1, 2022 (unless you choose a different plan at annual enrollment). You can continue to see any provider that accepts Medicare.

Non-Medicare plan changes

We made it easier to find the best plan for you by streamlining medical plans along with offering new concierge-style support for your healthcare needs.

Anthem will be the sole medical carrier for the PPO and HDHP + HSA

Starting January 1, 2022, the PPO and HDHP + HSA plans will no longer be available through UnitedHealthcare (UHC). If you currently have one of these plans through UHC:

- Your carrier will be Anthem starting January 1, 2022 (unless you choose a different plan at annual enrollment).
- You'll need to use providers (doctors, hospitals, etc.) in the Anthem network for in-network benefits. The Anthem network includes many of the providers that are in the network for our current UHC plans. Visit [anthem.com/ca](https://www.anthem.com/ca) to look up your providers.

PPO = Preferred Provider Organization. HMO = Health Maintenance Organization. HDHP + HSA = High Deductible Health Plan with a Health Savings Account.

Questions? See "Contacts" on page 23.

- If your doctor is not in the Anthem network and you're partway through a treatment, transition of care might be available so you can keep seeing your current doctor for a limited time.

In addition, the UHC Comprehensive Medical Plan \$750 will no longer be available in 2022.

Consolidating our two High Deductible Health Plans into one plan

- The new HDHP + HSA \$2000 will replace the HDHP + HSA \$1400 and HDHP + HSA \$2400.
- The in-network annual deductible of the new HDHP + HSA \$2000 is:
 - \$2000 if you cover yourself only (individual coverage).
 - \$4000 if you cover yourself and your family (family coverage).
- If you enroll in the new HDHP + HSA plan with family coverage:
 - You don't need to pay the entire \$4000 family deductible for the plan to start paying benefits.
 - When one person's out-of-pocket expenses add up to \$2800 the plan starts paying benefits for that person. And the \$2800 counts toward the family deductible.

Year-round support from a dedicated Personal Care Team

We know navigating the healthcare system can be time-consuming and frustrating. That's why support is available from a dedicated Personal Care Team through our partners at Grand Rounds Health.

Need to find a personal physician or network specialist, have a question about a medical treatment, think you were overcharged for a service and want to dispute a bill? Your dedicated Personal Care Team can help you with these and other matters—saving you time so you can take care of yourself and your family. This service is available at no cost to non-Medicare-eligible retirees enrolled in an HPE medical plan. To learn more, go to the Benefits Toolkit at ah-prod.com/hpebennav and watch the Personal Care Team webinar.

Your costs and what's covered

Your 2022 premiums reflect ongoing cost increases. You can reduce your costs by comparing medical plans and choosing the most cost-effective option that meets your needs.

Take note!

If you or a family member enrolls in an HPE-sponsored Medicare HMO option for the first time, you'll need to complete and return required Medicare-related enrollment forms by the deadline noted on the form to ensure coverage is in place for January 1. See page 16 for more information. You'll receive forms in the mail from the carrier you selected shortly after the enrollment period ends.

New medical plan or network next year?

Get help during annual enrollment! Your Personal Care Team is available by phone to help you understand your HPE medical plan options and find a network doctor. Contact them at 1-855-429-7357. This service is available at no cost to non-Medicare-eligible retirees enrolled in an HPE medical plan.

For coverage details and to see side-by-side plan comparisons, visit MyHPERewards.com (select **Enroll Now** and look for **View all plans side-by-side**). Be sure to consider coverage through the Aon Retiree Health Exchange (see page 8) if you're Medicare-eligible, along with coverage through a public health exchange (see below) for non-Medicare-eligible family members.

Tools to compare your options

Go to MyHPERewards.com beginning October 4 and select **Enroll Now**.

- Click **View all plans side-by-side** when enrolling to compare cost, deductibles, copays, and more.
- Search for providers and confirm the doctors you use are in the network for the medical plan you're considering.

Enroll October 4–26

To choose HPE medical coverage for 2022 for yourself and any eligible family members:

- Visit MyHPERewards.com.
- Log on using your user ID and password.
- Select **Enroll Now**.

PUBLIC HEALTH EXCHANGES

As an alternative to enrolling in HPE medical plans, you may want to consider the insurance options available through the public health exchanges for family members who are not eligible for Medicare.

- Exchanges offer individual medical coverage from a variety of insurers.
- Premiums are based on age and coverage option selected.
- Depending on your family income, you may qualify for government premium subsidies that can lower your cost of coverage.
- Even if you enroll yourself in an HPE medical plan, you could enroll non-Medicare-eligible family members in coverage through the exchanges.

Learn more

- Visit healthcare.gov.
- You can see what's available and use tools to compare your options without committing to enroll.

Enroll November 1 – December 15

To choose coverage through a public health exchange for 2022, visit healthcare.gov.

Take note!

If you decide to enroll in a plan through a public health exchange:

- Call the HPE Benefits Center to discontinue coverage under HPE medical for 2022. You can discontinue HPE medical after the annual enrollment deadline but no later than December 15.
- You can reenroll in an HPE retiree medical plan in the future. See “Medical enrollment rules” on page 19.

Questions? See “Contacts” on page 23.

TAKE ADVANTAGE

Great benefits



Good to know

Use this section of the guide during enrollment and throughout the year.

MAKE THE MOST OF YOUR BENEFITS

Take advantage of these great benefits to take care of your health.



Team up with a personal physician

Seeing the same doctor for all of your primary care helps you get the best care possible. Since they know you and your medical history, personal physicians can spot issues early and determine the most effective treatment. And all this goes a long way in helping you stay healthy and save money on healthcare.

Don't have one yet? Check your medical plan carrier's website to find doctors near you that fit your needs. See "Contacts" on page 23 or check your medical ID card for your carrier's website address.



Doctor On Demand

More people are using virtual care to see a doctor from the safety of their homes. In addition to treating things like colds and flu, Doctor On Demand offers preventive care, care for chronic conditions, and behavioral healthcare (from talk therapy to medication management). Doctor On Demand is available to retirees and their family members enrolled in an HPE medical plan, including COBRA. Learn more at doctorondemand.com/hpe.

As part of the CARES Act due to COVID-19, Doctor On Demand visits are free (subject to change) if you're enrolled in an HPE medical plan. This applies even if you're enrolled in a High Deductible Health Plan (no coinsurance or deductible to pay). Kaiser plan participants: Prescriptions written by non-Kaiser physicians are not covered. Cigna International participants: Doctor On Demand visits within the U.S. are covered. If you are not located in the U.S., you are still able to see a Doctor On Demand provider for medical advice. However, you will not be able to obtain a prescription.



Lower your Rx costs

Why pay more than you should for prescriptions you need? Most prescription drug plans have different costs for different "tiers" of drugs, or for medications on a formulary list; and most offer mail service for lower-cost, 90-day supplies of maintenance medications delivered to your home.

Start saving today. See "Contacts" on page 23 for details on how to contact your prescription drug program and research your options.

IF YOU ARE OR BECOME MEDICARE-ELIGIBLE

If you enroll in a Medicare HMO for the first time

If you or a dependent is eligible for Medicare and enrolling in an HPE-sponsored Medicare HMO option for the first time, you may need to complete additional Medicare-related forms (including an enrollment form and/or a disenrollment form from your current medical plan).

If you don't return the forms on time, you'll generally stay enrolled in your 2021 medical plan until your enrollment can be completed, with coverage beginning February 1.

In order to facilitate enrollment in HPE prescription drug benefits, all Medicare-eligible retirees and dependents must have a Medicare Beneficiary Identifier (MBI) on file with the HPE Benefits Center.

Medicare Parts A and B

Once you (or a covered family member) become Medicare-eligible, Medicare becomes your primary coverage and your HPE coverage or individual insurance plan pays on a secondary basis. Or if you enroll in an HMO, you generally assign your Medicare benefits to the HMO and the HMO provides all benefits. In either case, the medical plan you choose needs to coordinate with Medicare to cover the part of the costs that Medicare doesn't. Enroll in Medicare Parts A and B as soon as you're eligible to help avoid:

- A significant reduction in your benefits.
- Potential Medicare late enrollment penalties.
- Financial responsibility for the portion of your claims that should have been paid by Medicare.
- Rejection of enrollment in an HPE-sponsored Medicare HMO.

Medicare Part D

If you enroll in an HPE medical plan, your HPE prescription drug coverage is considered to be Part D coverage. In most cases, this means you don't need to enroll in Medicare Part D prescription drug coverage.

Becoming Medicare-eligible mid-year

If you or a covered dependent becomes eligible for Medicare during the year, notify the HPE Benefits Center immediately. It's important to enroll in Medicare Parts A and B as soon as you're eligible to avoid late enrollment penalties and financial responsibility for claims that would have been covered by Medicare if you were enrolled.

Need help with Medicare enrollment before age 65? If you or a covered dependent becomes eligible for Medicare before age 65, Allsup can help you complete your Medicare enrollment. For more information and help, call Allsup at 1-800-883-6650.

PAYING FOR YOUR BENEFITS

If you enroll in an HPE medical plan, you have two payment options:

- **Direct debit.** Have premiums automatically deducted from your checking or savings account on the payment due date. To sign up for direct debit, go to MyHPERewards.com, or call the HPE Benefits Center at 1-844-537-5304. If you already use direct debit, it will continue for 2022, reflecting any changes to your 2022 premiums.
- **Monthly bill.** You can have a monthly bill mailed to your home. To select this option, call the HPE Benefits Center.

If you enroll through a public exchange or the Aon Retiree Health Exchange

You'll pay premiums directly to the insurer. Contact your insurer for details.

Pay your premiums on time

Payments for HPE retiree benefits must be made on or before the due date on your billing statement. Failure to make payment within 30 days of the due date will cause your coverage to be dropped for nonpayment.

If your coverage is dropped for nonpayment, you'll receive a termination notice. You'll have a one-time 90-day grace period from the date of that notice to request that coverage be reinstated retroactively to the date it was dropped for nonpayment. And you'll need to pay the outstanding premiums immediately.

CONTINUING COBRA COVERAGE

If you left HPE in the past 18 months and continue to participate in HPE dental and vision coverage under COBRA, you can change your coverage during the enrollment period. You can enroll and see your dental and vision options and costs on MyHPERewards.com. You need to enroll only if:

- You want to make changes to your current coverage.
- You want to add family members or drop family members, including those who are no longer eligible.

RETIREMENT MEDICAL SAVINGS ACCOUNT (RMSA)

If you participated in the HPE RMSA program and have a balance remaining, you can use that balance to help pay your HPE premium costs and other eligible healthcare expenses. To access your RMSA, go to MyHPERewards.com or call the HPE Benefits Center at 1-844-537-5304.

For more information, see the HPE Retirement Medical Savings Account Summary Plan Description available from the Benefits Toolkit at ah-prod.com/hpebennav.

LEGAL INSURANCE

With legal insurance from ARAG, you have a way to help protect what's important. It gives you access to professional attorneys, financial counselors, and other resources to help you prevent and resolve unexpected legal matters.

To learn more and enroll during the enrollment period, go to araglegalcenter.com (access code: 18088hpr) or call 1-800-762-3238.

IF YOU MOVED, ARE PLANNING TO MOVE, OR HAVE MORE THAN ONE ADDRESS

If you moved and your enrollment materials don't reflect your new address, call the HPE Benefits Center to update your address and see whether different medical plans are available at your new address. If you're planning to move, make your benefit elections based on your current address. After you move, call the HPE Benefits Center within 60 days to make any applicable changes.

If you split your time between two homes or have a dependent living away from home, check with your medical plan to see if coverage is available in both locations. Particularly with HMO and Medicare HMO options, service areas may be restricted. Be sure your medical plan allows you to get coverage wherever you are during the year.

MEDICAL ENROLLMENT RULES

Carefully review this information to understand your eligibility to change your coverage or participate in HPE retiree medical coverage in the future based on your decision to opt in or out of coverage for 2022.

| Scenario | Changes you can make mid-year | Annual enrollment eligibility |
|---|---|---|
| <p>You elect coverage under an HPE retiree medical plan.</p> | <p>You generally can't make changes to your elections during the year, unless you have a qualifying life event* (you will have 60 days to make allowed changes); or if you're enrolled in an HPE-sponsored Medicare HMO plan and want to switch your coverage to an HPE Medicare Supplement option.</p> | <p>You can change your election during each annual enrollment.</p> |
| <p>You enroll in medical coverage through another employer (whether through your spouse/domestic partner or through your own employer) and opt out of HPE coverage.</p> | <p>You can reenroll in HPE coverage if you lose the other employer's coverage. You must reenroll within 60 days of the loss of coverage.</p> | <p>You won't be eligible to reenroll in HPE coverage during future annual enrollment periods while you're in the other employer's plan.</p> |
| <p>You elect coverage under a public health insurance exchange (for retirees not yet eligible for Medicare) or the Aon Retiree Health Exchange (for Medicare-eligible retirees).</p> | <p>You generally can't make changes to your elections during the year, unless you have a qualifying life event* (you will have 60 days to make allowed changes).</p> | <p>You can change your election during each annual enrollment, including reenrolling in an HPE medical plan.</p> |
| <p>You die after declining HPE coverage.</p> | <p>Your surviving dependents will not be eligible to participate in benefits following your death. Only dependents who are covered on the date of your death can continue coverage. For information about survivor benefits, call the HPE Benefits Center.</p> | |

*For more information, review the Life Events section of the U.S. Benefits Summary Plan Descriptions in the Benefits Toolkit at ah-prod.com/hpebennav.

MAKE SURE YOU'RE COVERING THE RIGHT PEOPLE

Review the family information on your Confirmation of Coverage (enclosed or on MyHPERewards.com). Make any corrections as needed and be sure you have a Social Security number for each dependent.

Enroll only eligible dependents. If any dependents no longer qualify, you'll need to discontinue their coverage when you enroll. Eligible dependents include:

- Your legal spouse, including a same-sex spouse, unless legally separated from you pursuant to a court order.
- Your common-law spouse—if common-law marriages are recognized in your state and you register your marriage with the appropriate public official.
- Your qualifying domestic partner of the same or opposite sex, as long as you and your domestic partner satisfy program criteria. See “Who qualifies as my domestic partner?” on the next page.
- Qualifying children through the end of the month in which they reach age 26, including:
 - Your biological or adopted children, including children placed with you for adoption even if the adoption has not yet been finalized.
 - Your stepchildren who primarily live with you.
 - Your qualifying domestic partner's biological or adopted children who primarily live with you, including children placed with your domestic partner for adoption even if the adoption has not yet been finalized.
 - Your or your qualifying domestic partner's foster children who live with you exclusively.
 - Other children who qualify as your dependents for federal tax purposes.
 - Children who live with you exclusively and for whom you or your qualifying domestic partner has been appointed legal guardian by court order.

Children who meet the child eligibility criteria but have reached age 26 can continue to qualify if they are incapable of self-sustaining employment by reason of physical or mental disability. For complete eligibility rules, see the U.S. Benefits Summary Plan Descriptions in the Benefits Toolkit at ah-prod.com/hpebennav.

Who qualifies as my domestic partner?

To qualify for benefits, you and your same- or opposite-sex domestic partner must have either registered your domestic partnership with a state or local government that accepts such registrations, or you and your domestic partner must have satisfied all of the following requirements for at least six full months:

- You must be each other's sole domestic partner and intend to remain so indefinitely.
- You must reside together in the same principal residence and intend to remain so indefinitely.
- You must be emotionally committed to one another, share joint responsibilities for your common welfare, and be financially interdependent.
- You must each be at least 18 years of age and mentally competent to consent to a contract.
- You must not be related by blood more closely than would bar marriage under applicable law in effect where you reside.
- You must not be legally married to anyone else or involved in any other domestic partnership.

If you legally marry your domestic partner, then your partner becomes your spouse and is eligible for HPE benefits on the same basis as any other legal spouse. Contact the HPE Benefits Center to update your dependent information.

It's your responsibility to ensure the dependents you enroll are eligible

When you enroll your dependents, you are representing to the plans that the dependents are eligible. Any attempt to enroll an ineligible dependent is considered a material misrepresentation by you and evidence of fraud on the plans. If you cover a dependent who isn't eligible, that dependent's coverage will be dropped retroactively. You won't receive retroactive premium refunds.

Periodic dependent eligibility audits could result in termination of benefits if you're covering an ineligible dependent or you fail to provide the required information by the due date.

TAKE NOTE

Find help



Contacts

| Resource | What to use it for |
|--|--|
| <p>MyHPERewards.com (select Enroll Now)</p> | <ul style="list-style-type: none"> • Enroll in benefits • Review benefits and costs • Update beneficiaries • Find providers |
| <p>Personal Care Team through Grand Rounds Health (for non-Medicare-eligible retirees) 1-855-429-7357 24/7</p> | <p>During annual enrollment</p> <ul style="list-style-type: none"> • Understand your medical plan options • Find network providers <p>Beginning January 1, 2022*</p> <ul style="list-style-type: none"> • Guidance about a treatment or diagnosis and costs • Personalized help finding network providers based on what matters to you • Answers to questions or concerns about your medical coverage • Experts making the calls and doing what's necessary to deal with your claims or billing problems <p><i>*Services based on the HPE medical plan you enroll in</i></p> |
| <p>HPE Benefits Center 1-844-537-5304 8 a.m.–8 p.m. CT, Monday–Friday Say “annual enrollment” for assistance. Fax: 1-866-409-5381</p> <p>Mailing address: HPE Benefits Center P.O. Box 617907 Chicago, IL 60661</p> | <ul style="list-style-type: none"> • Find general information • Get enrollment help • Enroll a domestic partner • Change password |
| <p>Aon Retiree Health Exchange retiree.aon.com/hewlettpackardenterprise 1-844-537-5303 8 a.m.–8 p.m. CT, Monday–Friday</p> | <p>Information about the Aon Retiree Health Exchange for Medicare-eligible retirees, and to enroll</p> |

Continued on next page

| Resource | What to use it for |
|---|---|
| <p>Medicare medicare.gov 1-800-MEDICARE (1-800-633-4227) available 24 hours a day/7 days a week (TTY: 1-877-486-2048)</p> | <p>Information about and enrollment for Medicare Parts A, B, and D</p> |
| <p>Public health exchanges healthcare.gov</p> | <p>Information about health insurance plans and prices for non-Medicare-eligible individuals, and to enroll</p> |
| <p>Benefits Toolkit ah-prod.com/hpebennav</p> | <ul style="list-style-type: none"> • Benefits Contacts • Retiree benefits access links • Webinars • Healthcare plan information • U.S. Benefits Summary Plan Descriptions • Merchandise discounts |

Plan providers

Medical

- **Anthem BlueCross BlueShield:** 1-844-409-7510 or [anthem.com/ca](https://www.anthem.com/ca)
- **HMO options:** See medical plan ID card.
- **MyBind Health:** 1-866-683-6440 or visit the nonmember site [choosebind.com/hpe](https://www.choosebind.com/hpe) (access code: HPE2022)

Prescription Drug Program

For all medical plans except HMOs, contact OptumRx:

- **Non-Medicare-eligible:** 1-844-234-7918 or [myuhc.com](https://www.myuhc.com); nonmembers visit [whyuhc.com/hpe/pharmacy-plans](https://www.whyuhc.com/hpe/pharmacy-plans)
- **All other Medicare-eligible:** 1-888-556-6648 or [uhcretiree.com](https://www.uhcretiree.com)

For an HMO: See medical plan ID card.

Behavioral Health and Substance Use Disorder Program

- **For all medical plans except HMOs:**
Call Optum at 1-855-892-2392. To find an Optum network provider, go to [liveandworkwell.com](https://www.liveandworkwell.com) (access code: hpe).
- **If you're enrolled in an HMO:** See medical plan ID card.

Additional benefits

Virtual healthcare—Doctor On Demand

For retirees and their family members enrolled in an HPE medical plan, including COBRA
1-800-997-6196 or [doctorondemand.com/hpe](https://www.doctorondemand.com/hpe)

Legal insurance—ARAG

Call ARAG at 1-800-762-3238 or visit [araglegalcenter.com](https://www.araglegalcenter.com) (access code: 18088hpr)

SUMMARY OF MATERIAL MODIFICATIONS

The information contained in this enrollment guide includes important changes to your Hewlett Packard Enterprise retiree benefits. This guide represents a summary of material modifications under the Employee Retirement Income Security Act of 1974, as amended (ERISA), and updates information provided in the U.S. Benefits Summary Plan Descriptions for medical benefits under the Hewlett Packard Enterprise Retiree Welfare Benefits Plan (plan number 505). It's important for you to review this enrollment guide (and other enclosed information) carefully and keep it with your copy of the U.S. Benefits Summary Plan Descriptions for future reference.

BENEFIT PLAN DEADLINE EXTENSIONS FOR COVID-19

Deadlines to request certain benefit plan actions have been extended to provide extra flexibility and support in light of COVID-19. This relief extends, by up to one year, the deadline to add health plan coverage for you or an eligible dependent after certain life events, appeal a denial of benefits under most benefit plans, and complete COBRA enrollment or pay required COBRA premiums, if the deadline would otherwise have occurred between March 1, 2020, and the end of the federal government's COVID-19 National Emergency Declaration. For additional details, please see Summary Plan Description Section 16, Life events, and Section 17, Administrative information, or contact the HPE Benefits Center at 1-844-537-5304.